

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-008077

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1704

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED  
2-15-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Arkansas

SHOULD READ

Nebraska

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Director

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED FEB 23 1962

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |   | c. CITY OR TOWN St. Louis   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. John's Hospital  |   | d. STREET ADDRESS (If outside, give location)<br>3853 Lindell Blvd.   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>FLORA E. GEHLERT  |   | 4. DATE OF DEATH<br>Month Day Year<br>Feb. 8 1962   |  |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br>8-13-1888                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Secretary (Retired) Road Equipment Co.                       |   | 11. BIRTHPLACE (City and state or country)<br>Union, Mo.  |  |
| 13a. FATHER'S NAME<br>Louis Gehlert   |   | 13b. MOTHER'S MAIDEN NAME<br>Adelaide Lauer   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No None                                      |   | 17. INFORMANT<br>Oscar Gehlert 509 E. 16th-Scottbluff, Ark  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Acute Leukemia                                     |   | INTERVAL BETWEEN ONSET AND DEATH<br>6 weeks   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) 204.3                                |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Essential Hypertension |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
| 21. I attended the deceased from<br>Death occurred at 6:30 P.   |   | and last saw her alive on Feb 8, 1962   |  |
| 22a. SIGNATURE<br>(Degree or title)<br>Martin W. Davis, M.D.  |   | 22b. ADDRESS<br>539 N. Grand  |  |
| 22c. DATE SIGNED<br>2/9/62  |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal (Mtr)  | 23b. DATE<br>Feb. 12, 1962  | 23d. LOCATION (City, town, or county)<br>Union, Mo.   |  |
| 24. FUNERAL DIRECTOR<br>Kriegshauser 4228 S. Kingshighway Blvd.   |   | 25. DATE RECD. BY LOCAL REG.<br>FEB 9 1962  |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.